U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution. fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Offic	ial	Use	Only
AUG	1	7	2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 939()		2 Fiscal \	2 Fiscal Year Covered From			
	10.7		C	01 / 01 / 04	Through 12 / 31	/ 04
3 Name and address of person filing		4 Name	4 Name file number, and address of labor organization			
Name Jack S. Shishido		Name Labor (Name International Union of Elevator Construct Local 126 Labor Organization File Number 037074			
P O Box, Bldg , Room No , if any		РОВ	P O Box, Building and Room Number, if any			
Street	Street 94-184 Anania Drive Apt. 343			Street 707 Alakea Street, Room 314		
City	Mililani,		City	Honolulu		
State	HI	ZIP Code + 4 96789	State	HI	ZIP Code + 4	96817-4818
5 Positio	on in labor organization	Executive Board				
Enter	r appropriate data below if,	during the past fiscal year, you or your (except as specified in the e			y had any of the following i	nterests
		n transactions (including loans) with, rer whose employees your organi				
6 Name and address of Employer (including trade name, if any)			7 a Nature of Interest, Transaction or Income			

Bloneture

ZIP Code + 4

7 b Amount

			Bignature		
submitted	in this report (include	on. The undersigned declares, fing the information contained in I belief, true, correct, and comp	n any accompanying docu	ments), has been e	e penalties of the law, that all of the information examined by the signatory and is, to the best of the tructions)
Signed _	Jul	sitt	On	8/8/05 Date	808-479-3552 Telephone Number

Name

Street

City

State

Trade Name, if any

PO Box, Bldg, Room No, if any

Name of Person Filing Jack S. Shishido		File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any)	9 Business deals with	· ·			
Name National Elevator Industry Educational Program (NEIEP)	X a Labor Organiza	tion			
Trade Name, if any	b Trust				
P O Box, Bldg , Room No , if any					
Street 11 Larsen Way	c Employer				
CHy Attleboro Falls					
State MA ZIP Code + 4 02763-1068					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deals	ng			
Name	1. Apprentices	hip Instructor - Wages			
Trade Name, if any					
P.O. Box, Bidg., Room No., if any					
Street	11 b. Approximate dollar valu	ee of such dealing \$441.00			
City	12 a Nature of interest held	······································			
State ZIP Code + 4					
	12 b Amount \$441.0	0			
C Received from any employer (other than an employer covered unde	r parts A and B above				
or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.				
Name					
Trade Name, if any					
P O Box, Bldg , Room No , if any					
Street					
City					
State ZIP Code + 4					
13 b. Is the Business an Employer or Consultant ?	14 b Amount of payment				